

NOV 26 2007

FAX TRANSMISSION**DATE:** November 26, 2007**PTO IDENTIFIER:** Application Number 10/763,487-Conf. #7020
Patent Number**Inventor:** Andrew GRACE**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

Kevin J. Canning

PHONE: (617) 994-0732**Attorney Dkt. #:** MWS-095**PAGES (Including Cover Sheet):** 30**CONTENTS:** Transmittal (1 page)
Fee Transmittal (1 page, in duplicate)
Amendment in Response to Non-Final Office Action (23 pages)
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page, in duplicate)
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Certificate of Transmission (1 page)

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PTO/SB/87 (08-04)

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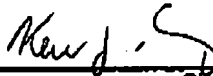
Application No. (if known): 10/763,487

Attorney Docket No.: MWS-095

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(617) 994-0732

Telephone Number

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Transmittal (1 page)

Fee Transmittal (1 page, in duplicate)

Amendment in Response to Non-Final Office Action (4 pages)

Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/763,487-Conf. #7020
	Filing Date	January 23, 2004
	First Named Inventor	Andrew GRACE
	Art Unit	2193
	Examiner Name	J. D. Mitchell
	Attorney Docket Number	MWS-095
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Transmission (under 37 CFR 1.8)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Kevin J. Canning		
Date	November 26, 2007	Reg. No.	35,470

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS Amendment, Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460, on the date shown below.	
Dated: November 26, 2007	Signature:  (Kevin J. Canning)

NOV 26 2007

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 460.00

Complete if Known

Application Number	10/763,487-Conf. #7020
Filing Date	January 23, 2004
First Named Inventor	Andrew GRACE
Examiner Name	J. D. Mitchell
Art Unit	2193
Attorney Docket No.	MWS-095

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims Extra Claims Fee (\$) **Fee Paid (\$)**

Indep. Claims Extra Claims Fee (\$) **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month 460.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	35,470	Telephone	(617) 994-0732
Name (Print/Type)	Kevin J. Canning	Date	November 26, 2007		

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Dated: November 26, 2007

Signature: (Kevin J. Canning)